

DECLARATION UNDER 35 USC §371(c)(4) FOR PCT APPLICATION FOR UNITED STATES PATENT

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below under my name;

I verily believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought, namely the invention entitled:

USE OF EPOTHILONES IN THE TREATMENT OF NEURONAL CONNECTIVITY DEFECTS SUCH AS SCHIZOPHRENIA AND AUTISM

described and claimed in international application number PCT/IB2005/000217 filed January 28, 2005.

I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations §1.56.

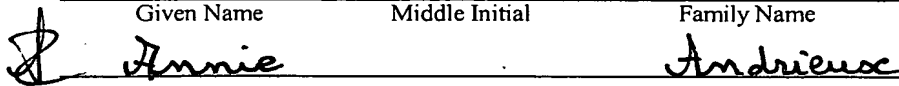
Under Title 35, U.S. Code §119, the priority benefits of the following U.S. and/or foreign application(s) filed by me or my legal representatives or assigns within one year prior to my international application are hereby claimed:

European Patent Application No. 04290249.4, filed January 30, 2004

The following application(s) for patent or inventor's certificate on this invention were filed in countries foreign to the United States of America either (a) more than one year prior to my international application, or (b) before the filing date of the above-named foreign priority application(s):

ALL CORRESPONDENCE IN CONNECTION WITH THIS APPLICATION SHOULD BE SENT TO OLIFF & BERRIDGE, PLC, CUSTOMER NUMBER 25944, TELEPHONE (703) 836-6400.

I hereby declare that I have reviewed and understand the contents of this Declaration, and that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.


1	Typewritten Full Name of Sole or First Inventor:	Annie ANDRIEUX		
		Given Name	Middle Initial	Family Name
2	Inventor's Signature:			
3	Date of Signature:	09	22	2006
		Month	Day	Year
	Residence:	Grenoble		France
		City	State or Province	Country
	Citizenship:	France		
	Post Office Address:	22 rue Mallifaud		
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Note to Inventor: Please sign name on line 2 exactly as it appears in line 1 and insert the actual date of signing on line 3.

IF THERE IS MORE THAN ONE INVENTOR USE PAGE 2 AND PLACE AN "X" HERE ☒
(Discard this page in a sole inventor application)

1 **Typewritten Full Name of Joint Inventor:**

Given Name	Middle Initial	Family Name
Didier		JOB

2 **Inventor's Signature:** 

3 **Date of Signature:**

Month	Day	Year
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1 **Typewritten Full Name of Joint Inventor:**

Given Name	Middle Initial	Family Name
Annie		SCHWEITZER

2 **Inventor's Signature:** 

3 **Date of Signature:**

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1 **Typewritten Full Name of Joint Inventor:**

Given Name	Middle Initial	Family Name
Gerhard		HÖFLE

2 **Inventor's Signature:** 

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1 **Typewritten Full Name of Joint Inventor:**

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2 **Inventor's Signature:**

3 **Date of Signature:**

Month	Day	Year

Residence: City State or Province Country

Citizenship:

Post Office Address:
(Insert complete mailing address, including country)

Note to Inventor: Please sign name on line 2 exactly as it appears in line 1 and insert the actual date of signing on line 3.

This form may be executed only when attached to the first page of the Declaration and Power of Attorney of the application to which it pertains.